SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 186 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) ROB STEELE FOR CONGRESS	The state of the s	
Full Name (Last, First, Middle Initial) A. Joel Greenisen		Date of Receipt
Mailing Address 5610 Ellis Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Ypsilanti</u>	State Zip Code MI 48197-8944	Transaction ID: 01012.C4247 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: 2010 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. Ingrid Gregg		Date of Receipt
Mailing Address 3129 Fawnmeadow	Ct	0 9 3 0 Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 01001.C3428
Ann Arbor	MI 48105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Earhart Foundation	Occupation CEO/President	Receipt
Receipt For: 2010 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Cindy Grines		Date of Receipt
Mailing Address 3252 Pine Lake Ro	ad	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City West Bloomfield	State Zip Code MI 48324	Transaction ID: 00920.C2475 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer William Beaumont Hospital	Occupation Physician	Receipt
Receipt For: 2010 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	J)	1750.00
TOTAL This Period (last page this line num	ber only)	